



Commission on Aging

# Aging in One’s Community of Choice and Long-Term Services & Supports in NH

March 2022

## THE ASK

**The New Hampshire State Commission encourages State and County level government leaders to improve options that allow all of us to age in the community of our choice.** Policies and investments for older adults ideally recognize that not every person ages in the same way. According to [www.longtermcare.gov](http://www.longtermcare.gov), “One-third of today's 65 year-olds may never need long-term care support, but 20 percent will need it for longer than 5 years.” New Hampshire’s current long-term services and supports system of care relies heavily on facility-based care, the most expensive setting for care. And yet most of us desire to stay at home for as long as possible as we age. By investing in programs and services that aim to keep people in their homes longer, we improve quality of life while avoiding unnecessary spending.

## WHY NOW?

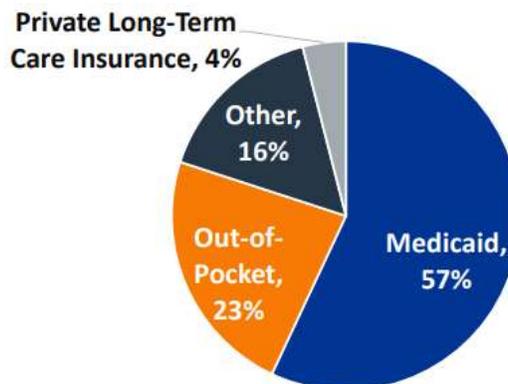
Now is the time to revamp our long-term services and supports system of care through piloting new delivery models and creating more alternatives to enable more choice. The impact of COVID-19 on our acute care system, skilled nursing facilities, and assisted living has made clear the benefits of home and community-based care. The American Rescue Plan Act funds provide a unique investment opportunity for innovative pilot programs to explore new delivery models and new alternatives. Data below illuminate the urgency of building a more robust system now as the confluence of rising costs of care and changing demographics is imminent. We can change the balance of our investments to support more home and community-based services to manage the expected increase in demand for services in the most cost effective manner.

## WHAT ARE LONG-TERM SERVICES & SUPPORTS (LTSS)?

Kaiser Family Foundation definition of Long-Term Services and Supports (LTSS):

“Encompasses the broad range of paid and unpaid medical and personal care assistance that people may need – for several weeks, months, or years – when they experience difficulty completing self-care tasks as a result of aging, chronic illness, or disability.”

These services can be delivered within facilities or home and community-based settings. Most of these services are provided by unpaid caregivers – relatives and friends. Excluding the services of unpaid caregivers, Medicaid is the primary payer for these services. The chart to the right was developed from 2019 AARP data representing total national LTSS spending. “Other” consists of private health insurance and other public and private sources, such as the Veterans Health Administration, the Indian Health Service, state and local programs, and donations.

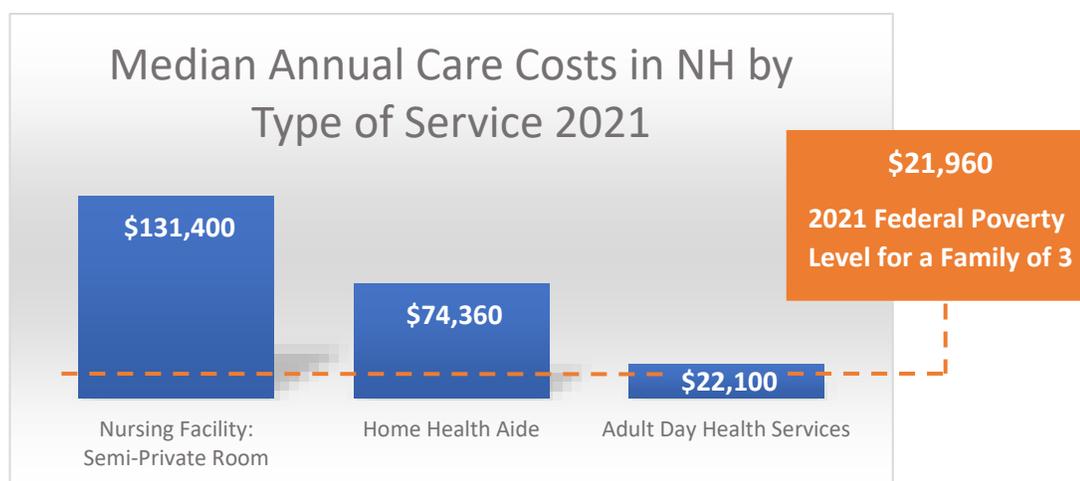


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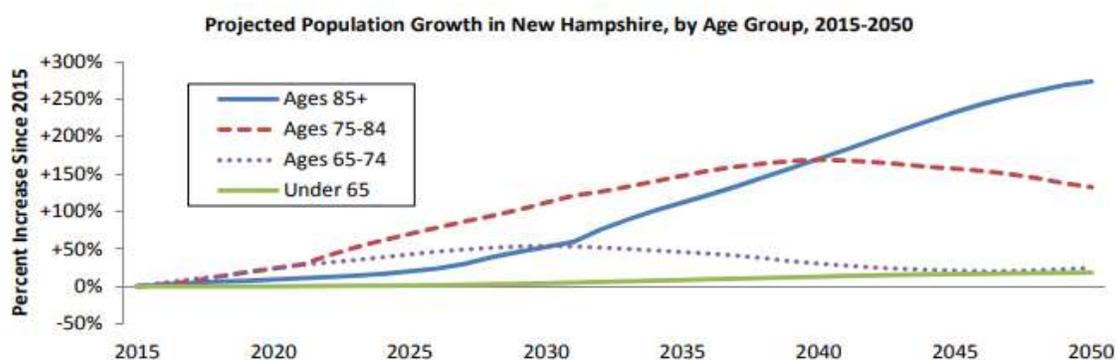
- **Currently, most spending for Long-Term Services & Supports (LTSS) in New Hampshire is for facility-based care, the most expensive location for care.**

New Hampshire's *home and community-based spending* as a percent of all LTSS spending for older people and adults with physical disabilities at 14% in 2016 is low in comparison to other states - **50<sup>th</sup> in the country**. The average in the United States is 45%. (Source: [AARP Across the States 2018: Profile of Long-Term Services and Supports in NH](#))

The cost of Long-Term Services and Supports varies greatly depending on where the services are provided. In 2021, the median annual cost of care in New Hampshire provided in a nursing facility was \$131,400 and \$74,360 for a home health aide providing 8 hours of care 5 days a week in a home. Median costs for services provided in an adult day setting were \$22,100. (Source: <https://www.genworth.com/aging-and-you/finances/cost-of-care.html>)



- **New Hampshire, already one of the three oldest states in the country in terms of median age, is experiencing a demographic shift resulting in an increasingly older population.**



(Graph Source: [AARP Across the States 2018: Profile of Long-Term Services and Supports in NH](#))

A larger older population will likely result in increased demand for LTSS. Increased demand for LTSS, regardless of setting, will result in increasing county budgets as counties are responsible for the non-federal portion of Medicaid LTSS expenditures. Developing more options in less expensive settings will help stretch county budgets and provide a better quality of life for all.



## ACKNOWLEDGING THE COUNTY ROLE IN THE PROVISION OF LONG-TERM SERVICES & SUPPORTS



New Hampshire's counties have an important historic responsibility for the long-term care of our state's frailest older adults. In New Hampshire, counties (i.e. property taxpayers) pay the non-federal share of Medicaid LTSS--whether this care is provided in county administered or private nursing homes, or in adult day centers, or homes. The Commission on Aging conducted an informal analysis using publicly available data on county budgets. We found that on average, counties spend more than 55% of their budgets on long-term care. More long-term services and supports provided outside of nursing homes will help counties to better manage the coming budgetary strains as our older population grows, reducing pressure to build bigger county administered nursing homes or increase expenditures for private nursing home care.

### ALTERNATIVES TO CONSIDER

One avenue for counties to increase the care provided at home and in the community is by becoming involved in developing and administering fully integrated systems of care models that make home and community-based care a realistic option for more people. Another choice is to make investments in programs that support people to live healthier longer in their homes. Counties in New Hampshire have engaged in some of this work already.

The Commission and its Task Force for Aging in Communities of Choice are actively reviewing options implemented successfully here in New Hampshire and in other parts of the country. The Commission seeks options that: provide easily accessed information on navigating the system of care, utilize a limited workforce efficiently, and support increased access to home and community-based care alternatives. Below is a short list of both integrated systems approaches and other options.

### **INTEGRATED SYSTEMS APPROACHES TO INCREASING COUNTY INVOLVEMENT IN DELIVERY OF HOME & COMMUNITY BASED LTSS (increasing ability to control costs):**

- [Supports and Services at Home](#) (SASH) model – Combines supports such as wellness programs, nursing checks and social services with people's housing. This model leverages various funding sources to keep people healthier longer in a cost-effective manner. [Other frameworks combining housing and supports](#) also exist.
- [Program of All-Inclusive Care for the Elderly](#) (PACE) – Provides services primarily in an adult day center supplemented by in-home and referral services. Here is a [link](#) to a toolkit to assess a community's need for and ability to support a PACE.



## OTHER COST AVOIDANCE & QUALITY OF LIFE IMPROVEMENT INVESTMENT OPTIONS

- [Intergenerational living arrangements](#) and [Senior Centers](#) - address social well-being keeping people healthier longer.
- [The Village Model](#) - For non-medical supportive services. A low dollar program that can provide or refer people to non-medical supportive services that have been vetted, enabling people to remain in their homes longer.
- Building upon ServiceLinks to expand the number of / role of options counselors to benefit the general population of older adults and their families. (Options counselors assist people with understanding and assessing their options for long term supports and services).
- Supporting family and other unpaid caregivers through Adult Day Services and expanded respite programs. This, along with access to information and resources, could enable these informal caregivers to avoid burnout and continue to provide care, rather than moving their loved one to a facility. (There are over 170,000 informal caregivers in NH providing unpaid care averaging 24 hours per week, valued at over \$2.3 billion annually.)
- Developing other public/private partnerships with area providers to embed community health workers, community health nurses, and public health nurses in their organizations to improve health outcomes and reduce the costs of care for county residents.
- Initiating community nursing programs. Several communities within New Hampshire use this model to support aging at home. Nurses provide assessments, education, care coordination, family support, medication reconciliation and referrals.

### [WHO IS THE COMMISSION ON AGING?](#)

The New Hampshire State Commission on Aging was established during the 2019 legislative session to advise the Governor and State Legislature on policy and planning related to aging. The vision of the Commission is for all people to have the opportunity to thrive and be valued while growing older in New Hampshire. Our goal is to be a catalyst for change advancing innovative forward thinking public policy and programs. We strive to be a resource and a reliable partner with government, private sector, and others in pursuit of the common good. Our 26 members represent members of the State House and Senate, various state agencies, and leaders from across the state.

To learn more: <https://nhcoa.nh.gov/>

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